

PPHS AFFILIATED COVERED ENTITY NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

How Is Patient Privacy Protected?

Phoebe Putney Health System, Inc. (“PPHS”) understands that information about you and your health is personal. Because of this, we strive to maintain the confidentiality of your individually identifiable health information, also known as protected health information (“PHI”). We continuously seek to safeguard that information through administrative, physical, and technical means, and otherwise abide by applicable federal and state guidelines.

How Do We Use and Disclose Health Information?

We may use and disclose your PHI for the normal business activities that the law sees as falling in the categories of treatment, payment, and health care operations. However, in some cases, we are limited by state law from releasing certain categories of health information. For example, disclosures of your mental health information for payment purposes may be limited, unless we obtain your written permission prior to the disclosure. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization. Other uses and disclosures not described in the Notice of Privacy Practices will be made only with authorization from the individual.

The following are the ways in which we may use and disclose your health information, although not every use or disclosure falling within each category is listed:

Treatment – We keep a record of the treatment that is provided to you. This record may include your test results, diagnoses, medications, and your response to medications or other therapies. We disclose this information so that doctors, nurses, other staff members, and entities, such as laboratories, can meet your needs. For example, a physician treating you may confer with another non-PPHS physician or a nursing home about your care.

Payment – We document the services and supplies you receive so we may bill you, your insurance company, or another third party for these services and supplies. We may tell your health plan about upcoming treatment or services that require prior approval by your health plan. For example, we may need to give your health plan information about a service provided to you so your health plan will pay us or reimburse you for the service.

Health Care Operations – We use your health information for operational purposes, such as to improve the services we provide, to train faculty, staff, and students, for business management, quality improvement, and for customer service. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you or we may disclose PHI in the course of training medical students.

Additional Uses and Disclosures:

We may also use and disclose your health information to:

- Comply with federal, state, or local laws that require or permit disclosure.
- Assist in public health activities, such as tracking diseases or medical devices.
- Inform authorities to protect victims of abuse or neglect.
- Comply with federal and state health oversight activities, such as fraud investigations.
- Respond to law enforcement officials or to judicial orders, subpoenas, or other processes.
- Recommend treatment alternatives.
- Tell you about health-related products and services.
- Inform coroners, medical examiners, and funeral directors of information necessary for them to fulfill their duties.
- Facilitate organ and tissue donation or procurement.
- Avert a serious threat to health or safety.
- Assist in specialized government functions, such as national security, intelligence, and protective services.
- Inform military and veteran authorities if you are an armed forces member (active or reserve).
- Inform a correctional institution if you are an inmate.
- Inform workers’ compensation carriers or your employer if you are injured at work.
- Communicate with other covered entities within our organized health care arrangements for treatment, payment, or health care operations.
- Communicate with other providers, health plans, or their related entities for their treatment or payment activities, or health care operations activities relating to quality assessment or licensing or health care fraud and abuse detection or compliance.
- Provide information to other third parties with whom we do business, such as medical record transcription services. However, you should know that in these situations, we require third parties to provide us with assurances that they will safeguard your information.
- Communicate with individuals involved in your care or payment for that care, such as friends and family, unless you notify us otherwise.

- Contact you by mail, telephone, or email, unless we hear from you otherwise, to remind you about your appointments. When contacting you by telephone, we may leave a voicemail message to remind you of your appointment.
- Fundraising: Generally, PPHS will not use or disclose PHI for fundraising purposes. In the event a situation arises where PHI may be used for fundraising, PPHS may use or disclose to a Business Associate or to an institutionally-related foundation, the following PHI for the purpose of raising funds for its own benefit: Demographic information relating to an individual/patient; and dates of health care provided to the individual/patient. Along with any fundraising materials, individuals/patients must be provided the opportunity to opt-out of receiving any further fundraising communications with each solicitation.

We may also contact you via email for other reasons related to the services you receive from PPHS. Email communications are not necessarily secure when they are not encrypted, and therefore, if you do not want us to communicate with you via email, you must contact us and tell us that. In particular, employers generally retain the right to inspect email communications in the workplace. Therefore, please communicate with us if you have concerns about the receipt of PHI at your workplace email address. All other uses and disclosures, not previously described, may only be done with your written authorization. You may revoke your authorization; however, this will not affect prior uses and disclosures.

What Are PPHS' Responsibilities?

PPHS is required by law to:

- Maintain the privacy of your protected health information.
- Provide this notice of our legal duties and privacy practices with respect to PHI.
- Abide by the terms of the notice currently in effect.
- Notify affected individuals following a breach of unsecured PHI.

We reserve the right to change privacy practices, and make the new practices effective for all the PHI we maintain. Revised notices will be posted in our facilities, and we will offer you a copy when you receive services.

What Are Your Rights?

The law entitles you to:

- Inspect and copy certain portions of your health information, including information in an electronic format if we maintain your information in an electronic health record. We may deny your request under very limited circumstances.
- Request an amendment of your health information if you feel the health information is incorrect or incomplete. However, under certain circumstances, we may deny your request.
- Receive an accounting of certain disclosures of your health information made up to six years prior to your request, although this excludes disclosures for treatment, payment, or health care operations. However, if disclosures for treatment, payment, or health care operations are made through an electronic health record, you may request an accounting of disclosed information made up to three years prior to your request.
- Request that we restrict how we use or disclose your health information. However, we are not required to agree with your request, unless the request restricts disclosures to a health plan for purposes of carrying out payment or health care operations and the information pertains solely to a health care item or service you fully pay for out of pocket.
- Request that we communicate with you at a specific telephone number or address, or by a specific means, for example, by telephone or by mail.
- Obtain a paper copy of this notice even if you receive it electronically.

What If I Have a Complaint?

If you believe that your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services in Washington, D.C.

We will not retaliate against you for filing a complaint.

To file a complaint with us or receive more information, contact the Privacy Officer at 229-312-4146.

To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, write to 200 Independence Ave., S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.

Who Will Follow This Notice?

This Notice describes PPHS' practices and those of:

- Any physician or other health care professional authorized by PPHS to access and/or enter information into your medical record;
- All departments and units of PPHS; and
- All affiliates and volunteers.

Need More Information?

Call or write the Privacy Officer at 229-312-4146, or 417 W. Third Avenue / P.O. Box 3770, Albany, Georgia 31706-3770.